

BEST AVAILABLE COPY

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS

AS FILED

**AFTER
1ST AMENDMENT**

**AFTER
2ND AMENDMENT**

AS FILED

**AFTER
1ST AMENDMENT**

**AFTER
2ND AMENDMENT**

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TOTAL IND.

TOTAL DEP.

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